



# State of New Hampshire 2016 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/11/2016  
Business ID: 80272  
William M. Gardner  
Secretary of State

FRED E. VARNEY COMPANY, INC.

C/O Sullivan Law, PO Box 1499

Wolfeboro, NH 03894

ENTITY TYPE: CORPORATION

BUSINESS ID: 80272

STATE OF DOMICILE: NEW HAMPSHIRE

KITCHEN & BATHROOM CABINETS;RETAIL

## ADDRESS OF PRINCIPAL OFFICE:

4 Grove Street

Wolfeboro, NH 03894

## REGISTERED AGENT AND OFFICE:

Sullivan, Timothy J, Esq

Black Building 27 S Main Street

Wolfeboro, NH 03894

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Charles E. Pearson, Pres.

STREET PO Box 239

CITY/STATE/ZIP Wolfeboro Falls, NH 03896

NAME Marsay Pearson, Treas.

STREET PO Box 239

CITY/STATE/ZIP Wolfeboro Falls, NH 03896

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Charles E. Pearson, Dir.

STREET PO Box 239

CITY/STATE/ZIP Wolfeboro Falls, NH 03896

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Charles Pearson

Please print name and title of signer:

Charles E. Pearson

/ President

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)

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